

Fill in this information to identify your case:

United States Bankruptcy Court for the:
Eastern District of Missouri

Case number (*If known*): _____ Chapter you are filing under:
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

RECEIVED+FILED

2016 JUN -2 AM 9:43

CLERK, US BANKRUPTCY COUNSEL
EASTERN DISTRICT
ST LOUIS, MISSOURI

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Jennifer

First name

Crystal

Middle name

Derfeld

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Jennifer

First name

Crystal

Middle name

Steinbruegge

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 7 9 6 7

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

Jennifer Crystal Derfeld

First Name Middle Name

Last Name

Case number (if known)

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):**

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name

Business name

Business name

Business name

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live**If Debtor 2 lives at a different address:**

2817 McClay Valley Blvd

Number Street

Number Street

Saint Peters MO 63376

City State ZIP Code

City State ZIP Code

Saint Charles
County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number _____ Street _____

City _____

State _____

ZIP Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

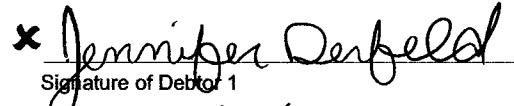
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Signature of Debtor 1



Signature of Debtor 2

Executed on 6/2/16
 MM / DD / YYYY

Executed on

MM / DD / YYYY

Please read carefully. This notice contains important information about filing for bankruptcy. It is your responsibility to understand the information in this notice. If you do not understand something, ask for help.

For you if you are filing this bankruptcy without an attorney

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

If you are represented by an attorney, you do not need to file this page.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or property claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

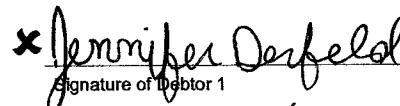
No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.


 Signature of Debtor 1

Date 10/2/2016
 MM / DD / YYYY

Contact phone (314) 601-1806

Cell phone _____

Email address _____



Signature of Debtor 2

Date _____
 MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		\$ 154,000.00
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ 154,000.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ 16,032.14
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ 170,032.14

Part 2: Summarize Your Liabilities

Your liabilities		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		\$ 147,534.99
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ 147,534.99
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		\$ 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ 65,523.53
		\$ 213,058.52

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 2,113.00
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,113.00
5. Schedule J: Your Expenses (Official Form 106J)	\$ 2,030.68
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,030.68

Debtor 1 **Jennifer Crystal Derfeld**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,113.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 15,334.09

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 6,382.69

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 21,716.78

Fill in this information to identify your case and this filing:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 2817 McClay Valley Blvd

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?
\$ 154,000.00 \$ 154,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

fee simple

Saint Charles

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. N/A

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?
\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

First Name Middle Name Last Name

1.3. N/A

Street address, if available, or other description _____

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 154,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Ford

Model: Escape

Year: 2013

Approximate mileage: 39766

Other information:

VIN: 1FMCU0F78DUB95653

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 10,000.00 \$ 10,000.00

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: N/A

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Check if this is community property (see instructions)

3.3. Make: **N/A**

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.4. Make: **N/A**

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1. Make: **N/A**

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: **N/A**

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ **10,000.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

See Continuation Page- All items at replacement value.

\$ 3,340.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

See Continuation Page- All items at replacement value.

\$ 615.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

Precious Moments- 4 pieces, all were Mother's Day gifts

\$ 100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

1 8y/o adult bike, 1 4y/o child's bike, 1 6y/o toddler bike, 1 15y/o keyboard

\$ 90.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Everyday clothing, shoes, and coats for self and son.

\$ 400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Basic everyday jewelry (few earrings and necklaces) and a wedding ring.

\$ 900.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

2 rescue cats, 1 10 yr old and 1 3 yr old, and 10 tropical fish

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 5,445.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes Cash: \$ 32.81

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes Institution name:

17.1. Checking account:	<u>First Community x7075</u>	\$ <u>243.00</u>
17.2. Checking account:	<u>US Bank x3091</u>	\$ <u>0.00</u>
17.3. Savings account:	<u>First Community x7000</u>	\$ <u>1.00</u>
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

<input checked="" type="checkbox"/> No	Name of entity:	% of ownership:
<input type="checkbox"/> Yes. Give specific information about them.....	_____	<u>0%</u> %
	_____	<u>0%</u> %
	_____	<u>0%</u> %

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan:	_____ \$ _____
Pension plan:	_____ \$ _____
IRA:	New York Life \$ 300.33
Retirement account:	_____ \$ _____
Keogh:	_____ \$ _____
Additional account:	_____ \$ _____
Additional account:	_____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit:	_____ \$ _____
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

_____	\$ _____
-------	----------

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company _____ Company name: _____

Beneficiary: _____

Surrender or refund value: \$ _____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.

_____	\$ _____
-------	----------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.

_____	\$ _____
-------	----------

35. Any financial assets you did not already list

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here

→ \$ _____

577.14

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

_____	\$ _____
-------	----------

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

	\$	
--	----	--

41. Inventory

No

Yes. Describe.....

	\$	
--	----	--

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

	%	\$
	%	\$
	%	\$

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

	\$	
--	----	--

44. Any business-related property you did not already list

No

Yes. Give specific information

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$	
--	----	--

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

	\$	
--	----	--

48. Crops—either growing or harvested

No
 Yes. Give specific information..... \$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes..... \$ _____

50. Farm and fishing supplies, chemicals, and feed

No
 Yes..... \$ _____

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information..... \$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information..... \$ _____
 \$ _____
 \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ **154,000.00**

56. Part 2: Total vehicles, line 5 \$ **10,000.00**

57. Part 3: Total personal and household items, line 15 \$ **5,445.00**

58. Part 4: Total financial assets, line 36 \$ **577.14**

59. Part 5: Total business-related property, line 45 \$ **0.00**

60. Part 6: Total farm- and fishing-related property, line 52 \$ **0.00**

61. Part 7: Total other property not listed, line 54 + \$ **0.00**

62. Total personal property. Add lines 56 through 61. \$ **16,032.14** Copy personal property total → + \$ **16,032.14**

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ **170,032.14**

Est Resell		
Item	Value	Comment
Household Goods/Furnishings		
Upstairs couch	\$125.00	8 yrs old
Downstairs couch	\$125.00	5 yrs old
Glider	\$75.00	4 yrs old
Q Mattress	\$50.00	8 yrs old
Debtors Bedding	\$50.00	2 sheet sets, comforter, 2 pillows
Armoire	\$40.00	13 yrs old
Night Stand	\$20.00	13 yrs old
2 end tables & coffee table	\$40.00	5 yrs old
T Mattress	\$75.00	new
Josh Bed	\$200.00	newer- made by mother
Josh bedding	\$40.00	2 sheet sets, comforter, 2 pillows
Josh Dresser	\$40.00	4 yrs old
bookshelves/toy cubes	\$120.00	3-5 yrs old, all bought from Goodwill
Computer desk	\$50.00	8 yrs old
fridge	\$700.00	5 yrs old
washer/dryer	\$200.00	5 yrs old
stove	\$300.00	> 5 yrs old
dishwasher	\$100.00	> 5 yrs old
kitchen table	\$50.00	8 yrs old
tableware/utensils	\$100.00	silverware, dishes, tupperware, spatulas, apple slicer, etc...
Pots & Pans	\$60.00	7 yrs old
bookshelf/drawers/cabinet dwn	\$150.00	3-5 yrs old, all bought from Goodwill
lego table	\$15.00	3 yrs old, gift from grandfather, Goodwill purchase
art table	\$10.00	3 yrs old, Goodwill purchase
toy kitchen	\$15.00	2 yrs old, gift from grandmother, Goodwill purchase
art easle	\$10.00	3 yrs old, Goodwill purchase
toy tool bench	\$10.00	2.5 yrs old, Goodwill purchase
toys/puzzles/books for children	\$100.00	1-4 yrs old, mostly gifts from others for child's bday & holidays
swing set	\$50.00	given free by the neighbor, item is over 6 yrs old
playhouse	\$20.00	given free by neighbor, approx 2 yrs old
patio furniture	\$50.00	given as hand me down from friend, > 5 yrs old
pack n play	\$20.00	4 yrs old
port a swing	\$15.00	8 yrs old hand me down
lamps in home	\$40.00	4 lamps total, all 4 yrs or older
lawn mower	\$50.00	hand me down
hall tree	\$75.00	4 yrs old
weed eater	\$50.00	4 yrs old
fish tank/stand	\$100.00	hand me downs, 3 yrs old
Total	\$3,340.00	

Electronics

microwave	\$20.00	5 yrs old
20" tube tv	\$20.00	9 yrs old
12" tube tv	\$10.00	9 yrs old
ZTE cell phone	\$20.00	pay as go phone from Walmart, 1 yr old
i-pod mini	\$15.00	8 yrs old
dvd/vhs player	\$10.00	9 yrs old
dvd player	\$10.00	2 yrs old, bought used when old one broke
61 key casio	\$60.00	15 yrs old
cd player	\$15.00	20 yrs old
iron	\$10.00	5 yrs old
blender	\$20.00	5 yrs old
croc pot	\$20.00	5 yrs old
dvd's	\$150.00	1 yr old or older, newer ones were gifts from holidays
HP desktop	\$100.00	13 yrs old, Vista operation, son uses for education
HP laptop	\$75.00	6 yrs old, Vista, broken built in mousepad
Camera	\$60.00	4 yrs old- simple canon
Total	\$615.00	

Clothing

Debtor's clothes value	\$200.00	clothes are over 4yrs old and mainly from Goodwill
Debtor's son's clothes value	\$200.00	clothers are mainly either hand me downs or from resell it shops

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: <u>Homestead</u>	\$ <u>154,000.00</u>	<input checked="" type="checkbox"/> \$ <u>154,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513-430, 475 Mo. Rev.Stat. §513.440
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: <u>2013 Ford Escape</u>	\$ <u>10,000.00</u>	<input checked="" type="checkbox"/> \$ <u>10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: <u>Household Goods</u>	\$ <u>3,340.00</u>	<input checked="" type="checkbox"/> \$ <u>3,340.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from <i>Schedule A/B</i> : <u>6</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Electronics</u>	\$ <u>615.00</u>	<input checked="" type="checkbox"/> \$ <u>615.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Collectibles</u>	\$ <u>100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from Schedule A/B: <u>8</u>			
Brief description: <u>Sports Hobby Equip</u>	\$ <u>90.00</u>	<input checked="" type="checkbox"/> \$ <u>90.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Clothes</u>	\$ <u>400.00</u>	<input checked="" type="checkbox"/> \$ <u>400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Jewelry</u>	\$ <u>900.00</u>	<input checked="" type="checkbox"/> \$ <u>900.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430
Line from Schedule A/B: <u>12</u>			
Brief description: <u>New York Life IRA</u>	\$ <u>300.33</u>	<input checked="" type="checkbox"/> \$ <u>300.33</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430 11 U.S.C. § 522(b)(3)(C)(n)
Line from Schedule A/B: <u>21</u>			
Brief description: <u>1st Comm Checking</u>	\$ <u>243.00</u>	<input checked="" type="checkbox"/> \$ <u>243.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. §513.430 Mo. Rev. Stat. §513.440
Line from Schedule A/B: <u>17.1</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Eastern District of Missouri

Case number _____

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 US Bank Attn: Bankruptcy Dept

Creditor's Name

P.O. Box 21948

Number Street

Describe the property that secures the claim:

2817 McClay Valley Blvd
Parcel ID 3-0010-5761-00-0054.0000000

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

\$ 137,438.21 \$ 154,000.00 \$

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 4 9 8 8

Describe the property that secures the claim:

\$ 10,096.78 \$ 10,000.00 \$

2.2 PNC Bank Attn: Bankruptcy Dep

Creditor's Name

PO Box 489909

Number Street

2013 Ford Escape S Model

VIN: 1FMCU0F78DUB95653

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 6 3 1 3

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 147,534.99

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing)	First Name	Middle Name
			Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (If known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name _____

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Number Street _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

City State ZIP Code _____

When was the debt incurred? _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Priority Creditor's Name _____

When was the debt incurred? _____

Number Street _____

As of the date you file, the claim is: Check all that apply.

City State ZIP Code _____

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **American Express (US)**
 Nonpriority Creditor's Name
 P.O. Box 981540
 Number Street
 El Paso TX 79998
 City State ZIP Code

Total claim
 Last 4 digits of account number 3 0 0 9 \$ 6,478.00
 When was the debt incurred? 2011-2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

4.2 **Anne E. Bauer**
 Nonpriority Creditor's Name
 7710 Carondelet, Suite 405
 Number Street
 Saint Louis MO 63105
 City State ZIP Code

Last 4 digits of account number \$ 2,016.77
 When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3 **Banfield Pet Hospital**
 Nonpriority Creditor's Name
 P.O. Box 13998
 Number Street
 Portland OR 97123
 City State ZIP Code

Last 4 digits of account number 4 5 1 0 \$ 259.50
 When was the debt incurred? 05/31/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Surgery for Pet- tooth extraction

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 **Bank of America, N.A.**
 Nonpriority Creditor's Name
NC4-105-02-99, P.O. Box 26012
 Number Street
Greensboro NC 27420
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **7 0 4 3**

\$ **791.35**

When was the debt incurred? **2011-2013**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card Charges**

4.5 **Catherine A. Schoeffler**
 Nonpriority Creditor's Name
2817 McClay Valley Blvd
 Number Street
Saint Peters MO 63376
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ **2,600.00**

When was the debt incurred? **2008-2013**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Personal Loan**

4.6 **Chase Bank U.S.A., N.A.**
 Nonpriority Creditor's Name
P.O. Box 15298
 Number Street
Wilmington DE 19850
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **3 7 6 8**

\$ **1,539.56**

When was the debt incurred? **2011-2013**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card Charges**

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Chris Boedefeld

Nonpriority Creditor's Name

820 S Main St #208

Number Street

Saint Charles

MO

63301

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$ 4,365.92

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Divorce Attorney Fees

4.8

Diane M. Steinbruegge

Nonpriority Creditor's Name

2101 Central Parkway

Number Street

Florissant

MO

63031

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$ 12,080.00

12,080.00

When was the debt incurred? 2002 - 2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Personal Loan

4.9

Discover Bank

Nonpriority Creditor's Name

P.O. Box 3025

Number Street

New Albany

OH

43054

City

State

ZIP Code

Last 4 digits of account number 5 1 6 6

\$ 3,334.38

When was the debt incurred? 2011 - 2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Charges

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.1**4.10**
Mercy Hospitals St. Louis (Hospital Bill)

Nonpriority Creditor's Name

1730 East Portland

Number Street
Springfield MO 65804
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 7 6 3

\$ 11,735.98

When was the debt incurred? 2011-2015

\$ 11,735.99

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Heart surgeries for Debtor's son

4.1**4.11**
Mercy Hospitals St. Louis (Physician Bill)

Nonpriority Creditor's Name

1730 East Portland
Number Street
Springfield MO 65804
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 7 6 3

\$ 564.04

When was the debt incurred? 2011-2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Heart surgeries for Debtor's son

4.1**4.12**
Mercy Hospitals St. Louis

Nonpriority Creditor's Name

1730 East Portland
Number Street
Springfield MO 65804
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 7 1 5 7

\$ 522.22

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Hospital stay for Debtor

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13**Mid Co Ortho Surgery & Sports**

Nonpriority Creditor's Name

845 N New Ballas Ct #200

Number Street
Saint Louis MO 63141
City State ZIP Code

Last 4 digits of account number 5 7 9 0

\$ 628.09

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Debtor's surgery on hand

4.14**MOHELA**

Nonpriority Creditor's Name

633 Spirit Dr
Number Street
Chesterfield MO 63005
City State ZIP Code

Last 4 digits of account number 7 7 7 1

\$ 15,334.00

When was the debt incurred? 2002-2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15**Safeco Insurance**

Nonpriority Creditor's Name

P.O. Box 10001
Number Street
Manchester NH 03108
City State ZIP Code

Last 4 digits of account number 3 5 7 3

\$ 127.61

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Past Due Car Insurance

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16

Saint Peters Rec-Plex (City of St. Peters)

Nonpriority Creditor's Name

One St. Peters Centre Blvd, P.O. Box 9

Number Street
 Saint Peters MO 63376
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4 5 2 3

\$ 347.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Rec-Plex membership

4.17

U.S. Bank (Checking Acct)

Nonpriority Creditor's Name

5065 Wooster Rd
 Number Street
 Cincinnati OH 45266
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 9 8 4 6

\$ 2,889.29

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Overdraft and Reserve Line

4.18

West County Radiology Group Inc

Nonpriority Creditor's Name

11475 Olde Cabin Rd, Suite 200
 Number Street
 Saint Louis MO 63141
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4 2 2 0

\$ 28.70

When was the debt incurred? 07/25/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical- Chest X-Ray

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19**West County Radiology Group Inc**

Nonpriority Creditor's Name

11475 Olde Cabin Rd, Suite 200Number Street
Saint Louis MO 63141
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **6 3 1 5**\$ **15.63**When was the debt incurred? **01/04/2016**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical- Debtor's son xray

4.20**West County Radiology Group Inc**

Nonpriority Creditor's Name

11475 Olde Cabin Rd, Suite 200Number Street
Saint Louis MO 63141
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number **9 7 8 3**\$ **41.00**When was the debt incurred? **07/25/2015**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical- Chest X-Ray

4.21**Western Anesthesiology Assoc**

Nonpriority Creditor's Name

Number Street
339 Consort Dr Ballwin MO 63011
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **2 3 6 1**\$ **326.30**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical- Surgery debtor's son

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AMCOL Systems

Name
111 Lancewood Rd
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 8 4

Columbia SC 29210
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 7 1

Americollect, Inc
 Name

1851 S. Alverno Rd
 Number Street

P.O. Box 1566
 Manitowoc WI 54221
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 5 6 9

ARS National Services Inc
 Name

P.O. Box 469046
 Number Street

Escondido CA 92046
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 8 4 6

Capital Management Services, LP
 Name

698 1/2 South Ogden St
 Number Street

Buffalo NY 14206
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 1 2 3

Central Credit Services, LLC
 Name

500 North Franklin Turnpike
 Number Street

Suite 200
 Ramsey NJ 07446
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 9 5 9

Firstsource Advantage, LLC
 Name

205 Bryant Woods South
 Number Street

Amherst NY 14228
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 3 6 6

Firstsource Advantage, LLC
 Name

205 Bryant Woods South
 Number Street

Amherst NY 14228
 City State ZIP Code

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Gamache & Myers, P.C.

Name

1000 Camera Ave

Number Street

Suite A

Crestwood MO 63126

City State ZIP Code

I.C. Systems, INC

Name

P.O. Box 64378

Number Street

Saint Paul MN 55164

City State ZIP Code

LTD Financial Services Limited Partnership

Name

7322 Southwest Freeway

Number Street

Suite 1600

Houston TX 77074

City State ZIP Code

Meehan Law, LLC

Name

2734 Lafayette Ave

Number Street

Saint Louis MO 63104

City State ZIP Code

MRS BPO, LLC

Name

1930 Olney Ave

Number Street

Cherry Hill NJ 08003

City State ZIP Code

National Enterprise Systems

Name

2479 Edison Blvd

Number Street

Unit A

Twinsburg OH 44087

City State ZIP Code

Receivable Solutions, Inc

Name

P.O. Box 505023

Number Street

Saint Louis MO 63150

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 4 5 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 1 1 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 5 9 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 7 9 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 9 9 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 8 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 1 4 4

Part 3: List Others to Be Notified About a Debt That You Already Listed

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United Recovery System

Name _____

5800 North Course Drive

Number Street _____

Houston TX 77072

City State ZIP Code _____

Name _____

Number Street _____

City State ZIP Code

Name _____

Number Street _____

City State ZIP Code

Name _____

Number Street _____

City State ZIP Code

Name _____

Number Street _____

City State ZIP Code

Name _____

Number Street _____

City State ZIP Code

Name _____

Number Street _____

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 3 2 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

Total claim		
6a. Domestic support obligations	6a.	\$ 0.00
6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$ 0.00
6e. Total. Add lines 6a through 6d.	6e.	\$ 0.00

Total claims from Part 2

Total claim		
6f. Student loans	6f.	\$ 15,334.09
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 6,382.69
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+\$ 43,806.75
6j. Total. Add lines 6f through 6i.	6j.	\$ 65,523.53

Fill in this information to identify your case:

Debtor	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Catherine Schoeffler

Name
2817 McClay Valley Blvd
Number Street
Saint Peter MO 63376
City State ZIP Code

Contract is for rental agreement between Debtor and cousin, Catherine, for the year 2016. Contract agrees Catherine is to pay Debtor \$570.00 a month for rent.

2.2 Eric and Kathleen Neff

Name
11929 Glenmare Dr
Number Street
Maryland Heights MO 63043
City State ZIP Code

Contract is for child care of Mr. and Mrs. Neff's daughter, Charlotte. Contract agrees the Neff's are to pay Debtor \$150.00 a week for child care for the entire year of 2016.

2.3 Larry and Katie Miller

Name
3020 Country Knoll Dr
Number Street
Saint Charles MO 63303
City State ZIP Code

Contract is for child care of Mr. and Mrs. Miller's daughter, Caroline. Contract agrees the Miller's are to pay Debtor \$200.00 a week for child care for the months of April - December for 2016.

2.4

Name
Number Street
City State ZIP Code

2.5

Name
Number Street
City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (If known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line 2.1
 Schedule E/F, line 4.10-11
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1 Todd S. Derfeld

Name
2705 Diekamp Farm Trail

Number Street
Saint Charles MO 63303

3.2

Name
Number Street

City State ZIP Code _____

3.3

Name
Number Street

City State ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	N/A		
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Eastern District of Missouri

Case number _____
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Child Care Provider

Employer's name

Self Employed

Employer's address

2817 McClay Valley Blvd

Number Street

Number Street

Saint Peters MO 63376

City State ZIP Code

City State ZIP Code

How long employed there? 6 months

6 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$ _____

3. Estimate and list monthly overtime pay.

3. +\$ 0.00

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00

\$ _____

Debtor 1 **Jennifer Crystal Derfeld**
 First Name Middle Name Last Name

Case number (*If known*) _____

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	--

Copy line 4 here..... ➔ 4. \$ 0.00 \$ _____

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ _____
5e. Insurance	5e. \$ <u>0.00</u>	\$ _____
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ _____
5g. Union dues	5g. \$ <u>0.00</u>	\$ _____
5h. Other deductions. Specify: _____	5h. +\$ <u>0.00</u>	+ \$ _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 0.00 \$ _____

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ _____

8. List all other income regularly received:

**8a. Net income from rental property and from operating a business,
profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 1,316.00 \$ _____

8b. Interest and dividends

8b. \$ 0.00 \$ _____

**8c. Family support payments that you, a non-filing spouse, or a dependent
regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 227.00 \$ _____

8d. Unemployment compensation

8d. \$ 0.00 \$ _____

8e. Social Security

8e. \$ 0.00 \$ _____

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____ 8f. \$ 0.00 \$ _____

8g. Pension or retirement income

8g. \$ 0.00 \$ _____

8h. Other monthly income. Specify: Rent from C. Schoeffler

8h. +\$ 570.00 + \$ _____

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 2,113.00 \$ _____

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 2,113.00 + \$ _____ = \$ 2,113.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$ 2,113.00

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

Will be figuring out taxes as self employed and continuing search for affordable health insurance.

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (if known) _____			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Son _____

Dependent's age

4 _____

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses
4. \$ 1,143.18

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ _____
4b. \$ _____
4c. \$ 40.00
4d. \$ _____

Debtor 1

Jennifer

First Name

Crystal

Middle Name

Derfeld

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ _____ 45.00
6b.	Water, sewer, garbage collection	\$ _____ 45.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ _____
6d.	Other. Specify: _____	\$ _____
7.	Food and housekeeping supplies	\$ _____ 250.00
8.	Childcare and children's education costs	\$ _____
9.	Clothing, laundry, and dry cleaning	\$ _____ 20.00
10.	Personal care products and services	\$ _____ 20.00
11.	Medical and dental expenses	\$ _____ 17.00
12.	Transportation . Include gas, maintenance, bus or train fare. Do not include car payments.	\$ _____ 60.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ _____
14.	Charitable contributions and religious donations	\$ _____
15.	Insurance . Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ _____
15b.	Health insurance	\$ _____
15c.	Vehicle insurance	\$ _____ 133.12
15d.	Other insurance. Specify: _____	\$ _____
16.	Taxes . Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ _____
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ _____ 263.74
17b.	Car payments for Vehicle 2	\$ _____
17c.	Other. Specify: _____	\$ _____
17d.	Other. Specify: _____	\$ _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	\$ _____
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ _____
20b.	Real estate taxes	\$ _____
20c.	Property, homeowner's, or renter's insurance	\$ _____
20d.	Maintenance, repair, and upkeep expenses	\$ _____
20e.	Homeowner's association or condominium dues	\$ _____

Debtor 1 **Jennifer Crystal Derfeld**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ _____ 2,030.68

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____ 2,030.68

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____ 2,113.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ _____ 2,030.86

23c. Subtract your monthly expenses from your monthly income.

23c. \$ _____ 75.96

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: Debtor will be figuring out amounts to send in for taxes throughout the year as self employed as well as continuing to look into affordable health insurance options.

Fill in this information to identify your case:

Debtor 1	Jennifer	Crystal	Derfeld
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (If known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Jennifer Serfelsol
Signature of Debtor 1

Signature of Debtor 1

X _____
Signature of Debtor 2

Signature of Debtor 2

Date 6/2/16
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 **Jennifer** Crystal Derfeld
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Missouri**

Case number
(If known)

Check if this is an
amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived there

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2015) YYYY

For the calendar year before that:

(January 1 to December 31, 2014) YYYY

Debtor 1	Debtor 2
Sources of Income Check all that apply.	Sources of Income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2015) YYYY

For the calendar year before that:

(January 1 to December 31, 2014) YYYY

Debtor 1	Debtor 2
Sources of Income Describe below.	Sources of Income Describe below.
<u>Child Support</u> \$ 1,362.00	\$ _____
<u>Rent from Cathy</u> \$ 3,420.00	\$ _____
_____ \$ _____	\$ _____
<u>Child Support</u> \$ 2,724.00	\$ _____
<u>Rent from Cathy</u> \$ 6,840.00	\$ _____
_____ \$ _____	\$ _____
<u>Child Support</u> \$ 2,724.00	\$ _____
<u>Rent from Cathy</u> \$ 6,840.00	\$ _____
_____ \$ _____	\$ _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>US Bank Home Mortgage</u> Creditor's Name	<u>06/01/2016</u>	\$ <u>3,429.54</u>	\$ <u>136,079.62</u>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>P.O. Box 790415</u> Number Street	<u>05/26/2016</u>			
	<u>05/02/2016</u>			
<u>Saint Louis MO 63179</u> City State ZIP Code				
<u>PNC Bank</u> Creditor's Name	<u>06/01/2016</u>	\$ <u>791.22</u>	\$ <u>10,096.78</u>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>P.O. Box 747066</u> Number Street	<u>05/26/2016</u>			
	<u>05/02/2016</u>			
<u>Pittsburgh PA 15274</u> City State ZIP Code				
<u>Creditor's Name</u>		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>Number Street</u>				
<u>City State ZIP Code</u>				

Debtor 1 **Jennifer** **Crystal** **Derfeld** Case number (if known) _____

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1 **Jennifer** **Crystal** **Derfeld** Case number (*if known*) _____

First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Discover Bank vs Jennifer C. Derfeld</u>	Court Date Scheduled for June 3, 2016 at 9:00 am. Division 10 Courtroom	Circuit Court of St. Charles County Court Name 300 N 2nd Street Number Street Saint Charles MO 63301 City State ZIP Code
Case title _____	_____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>1611-AC01968</u>	_____	_____
Case title _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	_____	_____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number Street _____	Explain what happened	
City State ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
Creditor's Name _____	Describe the property	Date
Number Street _____	Explain what happened	Value of the property
City State ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	\$ _____

Debtor 1 **Jennifer** **Crystal** **Derfeld** Case number (if known) _____

First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount
Creditor's Name				\$ _____
Number	Street			
City		State ZIP Code	Last 4 digits of account number: XXXX- _____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 **Jennifer**
First Name **Crystal**
Middle Name **Derfeld**
Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name <hr/> <hr/>			\$ _____
Number Street <hr/>			\$ _____
City State ZIP Code <hr/>			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
<hr/> <hr/>			\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid <hr/> <hr/>		
Number Street <hr/>		\$ _____
City State ZIP Code <hr/>		\$ _____
Email or website address <hr/>		
Person Who Made the Payment, if Not You <hr/>		

Debtor 1 **Jennifer Crystal Derfeld** Case number (if known) _____

First Name Middle Name Last Name

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City State ZIP Code				

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you _____		
Person Who Received Transfer		
Number Street		
City State ZIP Code		
Person's relationship to you _____		

Debtor 1 **Jennifer**
First Name

Crystal
Middle Name

Derfeld
Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

First Community Credit Union
Name of Financial Institution

17151 Chesterfield Airport Rd
Number Street

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

XXXX- 7 0 0 4

Checking 05/16/2016 \$ 1,894.16
 Savings
 Money market
 Brokerage
 Other _____

Chesterfield MO 63005
City State ZIP Code

XXXX- _____

Checking _____ \$ _____
 Savings
 Money market
 Brokerage
 Other _____

Name of Financial Institution
Number Street
63005
City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

No
 Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 **Jennifer**
First Name **Crystal**
Middle Name **Derfeld**
Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name		<input type="checkbox"/> No
Number Street		<input type="checkbox"/> Yes
City State ZIP Code		
City	State	ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where Is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street		
City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City State ZIP Code		

Debtor 1 **Jennifer**
 First Name **Crystal**
 Middle Name **Derfeld**
 Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State	ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
	Number Street _____	<input type="checkbox"/> On appeal
Case number _____	City State ZIP Code	<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

J.D. Child Care

Business Name

2817 McClay Valley Blvd

Number Street

Saint Peters MO 63376

City State ZIP Code

Describe the nature of the business

At home day care services.

Employer identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

Employer identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

Business Name

Number Street

Name of accountant or bookkeeper

City State ZIP Code

Debtor 1 **Jennifer**
First Name **Crystal**
Middle Name **Derfeld**
Last Name

Case number (if known) _____

Business Name _____	Describe the nature of the business _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____
Number Street _____	Name of accountant or bookkeeper _____	Dates business existed From _____ To _____
City _____ State _____ ZIP Code _____		

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____	MM / DD / YYYY _____
Number Street _____	
City _____ State _____ ZIP Code _____	

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Jennifer Derfeld
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 2/6/16

Date _____

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Jennifer First Name	Crystal Middle Name	Derfeld Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (If known) _____			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 797.00	\$ _____
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions)	\$ 1,316.00	\$ _____
Ordinary and necessary operating expenses	-\$ 0.00	-\$ _____
Net monthly income from a business, profession, or farm	<u>\$ 1,316.00</u>	<u>\$ 1,316.00</u>
	<i>Copy here →</i>	\$ _____
6. Net income from rental and other real property Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	-\$ _____	-\$ _____
Net monthly income from rental or other real property	<u>\$ 0.00</u>	<u>\$ 0.00</u>
	<i>Copy here →</i>	\$ _____
7. Interest, dividends, and royalties	<u>\$ 0.00</u>	\$ _____

Debtor 1 **Jennifer** **Crystal** **Derfeld** Case number (if known) _____

First Name Middle Name Last Name

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: **↓**

For you \$ _____

For your spouse \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. **\$ 0.00** **\$ _____**

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ _____

\$ 0.00 \$ _____

+ \$ 0.00 + \$ _____

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 2,113.00 + \$ _____ = \$ 2,113.00

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. **Copy line 11 here ➔** **\$ 2,113.00**

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b. **\$ 25,356.00**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Missouri

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household. **13.** **\$ 59,549.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Jennifer Derfeld

Signature of Debtor

Date 2/6/11
MM / DD / YYYY

X

Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

In re DEBTOR NAME,)
Jennifer Crystal Derfeld)
Debtor(s).) Case No. _____ -
) Chapter 7

Verification of Creditor Matrix

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of 4 page(s) and is true, correct and complete.

Jennifer Derfeld
Debtor

Joint Debtor

Dated: 1/2/16

AMCOL Systems
111 Lancewood Rd
Columbia, SC 29210

American Express Credit Department
P.O. Box 981540
El Paso, TX 79998

Americollect, Inc
1851 S. Alverno Rd
P.O. Box 1566
Manitowoc, WI 54221

Ann E. Bauer
7710 Carondelet, Suite 405
St. Louis, MO 63105

ARS National Services Inc
P.O. Box 469046
Escondido, CA 92046

Banfield Pet Hospital
Attn: Financial Client Services
PO Box 13998
Portland, OR 97213

Bank of America
NC4-105-02-99
P.O. Box 26012
Greensboro, NC 27420

Capital Management Services, LP
698 1/2 South Ogden St
Buffalo, NY 14206

Catherine Schoeffler
2817 McClay Valley Blvd
Saint Peters, MO 63376

Central Credit Services LLC
500 North Franklin Turnpike
Suite 200
Ramsey, NJ 07446

Chase Bank U.S.A., N.A.
PO Box 15298
Wilmington, DE 19850

Chris Boedefeld
Law Office of
Baerveldt & Boedefeld, LLC
820 S Main St #208
St Charles, MO 63301

Diane M. Steinbruegge
2101 Central Pkwy
Florissant, MO 63031

Discover Financial Services
P.O. Box 3025
New Albany, OH 43054

Firstsource Advantage, LLC
Ref #: 27105956
205 Bryant Woods South
Amherst, NY 14228

Firstsource Advantage, LLC
Ref #: 52215366
205 Bryant Woods South
Amherst, NY 14228

Gamache & Myers, P.C.
1000 Camera Ave, Suite A
Crestwood, MO 63126

I.C. Systems, INC
P.O. Box 64378
St. Paul, MN 55164

LTD Financial Services Limited
Partnership
7322 Southwest Freeway, Suite 1600
Houston, TX 77074

Meehan Law, LLC
2734 Lafayette Ave
St. Louis, MO 63104

Mercy Hospitals St. Louis
ATTN: Judy Post
1730 East Portland
Springfield, MO 65804

Mid Co Ortho Surgery & Sports
845 N New Ballas Ct #200
St. Louis, MO 63141

MOHELA
633 Spirit Dr
Chesterfield, MO 63005

MRS BPO, L.L.C.
1930 Olney Ave
Cherry Hill, NJ 08003

National Enterprise System
2479 Edison Blvd
Unit A
Twinsburg, OH 44087

PNC Bank
Attn: Bankruptcy Department
P.O. Box 489909
Charlotte, NC 28269

Receivable Solutions, Inc
P.O. Box 505023
Saint Louis, MO 63150

Safeco, Member Liberty Mutual
Account: 7284-4643573
P.O. Box 10001
Manchester, NH 03108

Saint Peters Rec-Plex Acct: 124523
One St. Peters Centre Blvd
P.O. Box 9
St. Peters, MO 63376

U.S. Bank
5065 Wooster Rd
Cincinnati, OH 45226

U.S. Bank Home Mortgage
Attn: Bankruptcy Dept
P.O. Box 21948
Eagan, MN 55121

United Recovery Systems
5800 North Course Drive
Houston, TX 77072

West County Radiology Group Inc
Account: 48242200
11475 Olde Cabin Rd, Suite 200
Saint Louis, MO 63141

West County Radiology Group Inc
Account: 5496315
11475 Olde Cabin Rd, Suite 200
Saint Louis, MO 63141

West County Radiology Group Inc
Account: 5519783
11475 Olde Cabin Rd, Suite 200
Saint Louis, MO 63141

Western Anesthesiology Assoc
339 Consort Dr
Ballwin, MO 63011